

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8	1					
9	1					
10	1					
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TOTAL IND.	3					
TOTAL DEP.	2	1				
TOTAL CLAIMS	2	1	1	1	1	1

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	IND	DEP										
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